



Requested Disposal Facility: _____ Profile Number: _____

☐ Renewal for Profile Number: _____ Waste Approval Expiration Date: _____

☐ Check here if there are multiple generating locations for this waste. Attach additional locations.

A. Waste Generator Facility Information (must reflect location of waste generation/origin)

1. Generator Name: _____

2. Site Address: _____ 7. Email Address: _____

3. City/ZIP: _____ 8. Phone: _____ 9. FAX: _____

4. State: _____ 10. NAICS Code: _____

5. County: _____ 11. Generator USEPA ID #: _____

6. Contact Name/Title: _____ 12. State ID# (if applicable): _____

B. Customer Information ☐ same as above

P. O. Number: _____

1. Customer Name: _____ 6. Phone: _____ FAX: _____

2. Billing Address: _____ 7. Transporter Name: _____

3. City, State and ZIP: _____ 8. Transporter ID # (if appl.): _____

4. Contact Name: _____ 9. Transporter Address: _____

5. Contact Email: _____ 10. City, State and ZIP: _____

C. Waste Stream Information

1. DESCRIPTION

a. Common Waste Name: _____
State Waste Code(s): _____

b. Describe Process Generating Waste or Source of Contamination: _____

c. Typical Color(s): _____

d. Strong Odor? ☐ Yes ☐ No Describe: _____

e. Physical State at 70°F: ☐ Solid ☐ Liquid ☐ Powder ☐ Semi-Solid or Sludge ☐ Other: _____

f. Layers? ☐ Single layer ☐ Multi-layer ☐ NA

g. Water Reactive? ☐ Yes ☐ No If Yes, Describe: _____

h. Free Liquid Range (%): _____ to _____ ☐ NA(solid)

i. pH Range: _____ to _____ ☐ NA(solid)

j. Liquid Flash Point: ☐ < 140°F ☐ 140°- 199°F ☐ ≥ 200°F ☐ NA(solid)

k. Flammable Solid: ☐ Yes ☐ No

l. Physical Constituents: List all constituents of waste stream - (e.g. Soil 0-80%, Wood 0-20%): ☐ (See Attached)

Constituents (Total Composition Must be ≥ 100%)	Lower Range	Unit of Measure	Upper Range	Unit of Measure
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

2. ESTIMATED QUANTITY OF WASTE AND SHIPPING INFORMATION

a. ☐ One Time Event ☐ Base ☐ Repeat Event

b. Estimated Annual Quantity: _____ ☐ Tons ☐ Cubic Yards ☐ Drums ☐ Gallons ☐ Other (specify): _____

c. Shipping Frequency: _____ Units per ☐ Month ☐ Quarter ☐ Year ☐ One Time ☐ Other

d. Is this a U.S. Department of Transportation (USDOT) Hazardous Material? (If yes, answer e.) ☐ Yes ☐ No

e. USDOT Shipping Description (if applicable): _____

3. SAFETY REQUIREMENTS (Handling, PPE, etc.): _____

D. Regulatory Status (Please check appropriate responses)

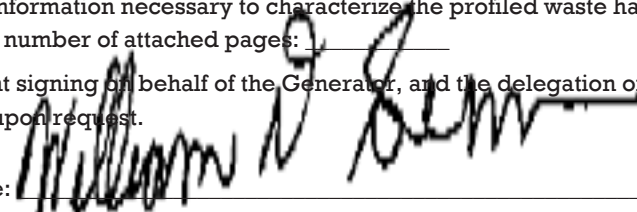
1. Waste Identification:
 - a. Does the waste meet the definition of a USEPA listed or characteristic hazardous waste as defined by 40 CFR Part 261? ☐ Yes ☐ No
 1. If yes, please complete a hazardous waste profile.
 - b. Does the waste meet the definition of a state hazardous waste other than identified in D.1.a? ☐ Yes ☐ No
 1. If yes, please complete a hazardous waste profile.
2. Is this waste included in one or more of categories below (Check all that apply)? If yes, attach supporting documentation. ☐ Yes ☐ No

<input type="checkbox"/> Delisted Hazardous Waste	<input type="checkbox"/> Excluded Wastes Under 40CFR 261.4
<input type="checkbox"/> Treated Hazardous Waste Debris	<input type="checkbox"/> Treated Characteristic Hazardous Waste
3. Is the waste from a Federal (40 CFR 300, Appendix B) or state mandated clean-up? If yes, see instructions. ☐ Yes ☐ No
4. Does the waste represented by this waste profile sheet contain radioactive material? ☐ Yes ☐ No
 - a. If yes, is disposal regulated by the Nuclear Regulatory Commission? ☐ Yes ☐ No
 - b. If yes, is disposal regulated by a State Agency for radioactive waste/NORM? ☐ Yes ☐ No
5. Does the waste represented by this waste profile sheet contain Polychlorinated Biphenyls (PCBs)? ☐ Yes ☐ No
(If yes, list in Chemical Composition - C.1.1)
 - a. If yes, are the PCBs regulated by 40 CFR 761? ☐ Yes ☐ No
 - b. If yes, is it remediation waste from a project being performed under the Self-Implementing option provided in 40 CFR 761.61(a)? ☐ Yes ☐ No
 - c. If yes, were the PCBs imported into the US? ☐ Yes ☐ No
6. Does the waste contain untreated, regulated medical or infectious waste? ☐ Yes ☐ No
7. Does the waste contain asbestos? ☐ Yes ☐ No
 - a. If Yes, ☐ Friable ☐ Non Friable
8. Is this profile for remediation waste from a facility that is a major source of Hazardous Air Pollutants (Site Remediation NESHAP, 40 CFR 63 subpart GGGGG)? ☐ Yes ☐ No
 - a. If yes, does the waste contain <500 ppmw VOHAPs at the point of determination? ☐ Yes ☐ No

E. Generator Certification (Please read and certify by signature below)

By signing this Generator's Waste Profile Sheet, I hereby certify that all:

1. Information submitted in this profile and all attached documents contain true and accurate descriptions of the waste material;
2. Relevant information within the possession of the Generator regarding known or suspected hazards pertaining to this waste has been disclosed to WM/the Contractor;
3. Analytical data attached pertaining to the profiled waste was derived from testing a representative sample in accordance with 40 CFR 261.20(c) or equivalent rules; and
4. Changes that occur in the character of the waste (i.e. changes in the process or new analytical) will be identified by the Generator and disclosed to WM (and the Contractor if applicable) prior to providing the waste to WM (and the contractor if applicable).
5. Check all that apply:
 - ☐ a. Attached analytical pertains to the waste. Identify laboratory & sample ID #'s and parameters tested: _____ # Pages: _____
 - ☐ b. Only the analysis identified on the attachment pertain to the waste (identify by laboratory & sample ID #'s and parameters tested). Attachment #: _____
 - ☐ c. Additional information necessary to characterize the profiled waste has been attached (other than analytical, such as MSDS). Indicate the number of attached pages: _____
 - ☐ d. I am an agent signing on behalf of the Generator, and the delegation of authority to me from the Generator for this signature is available upon request.

Certification Signature:  Title: _____

Company Name: _____ Name (Print): _____

Date: _____